

CUMBERLAND SCHOOL DEPARTMENT

Athletic Parental Permission Form

Name _____ Grade _____ HR _____

Date of Birth _____ Telephone Number _____

Sport _____

Your permission must be given in order that your child participate in any sport in Cumberland. Your signature on this form indicates permission to participate in the listed activity. Also, you should be aware of school policy concerning any medical expenses arising from injuries sustained while participating in athletics.

1. Private coverage must be used first, whenever it can be applied
2. School insurance is available to your child and may pay part of the bill. It is strongly recommended that you secure the coverage.
3. The Rhode Island Schoolboy Injury Fund will, as a rule, consider any balance which may be left after the coverage afforded by these agencies has been exhausted. The Injury Fund may not pay unless you have private insurance, school insurance.
4. Ordinarily the combined coverage of 1, 2 and 3 above will be sufficient to cover the cost of most injuries sustained by an athlete. However, in the event of a balance due, the parent must assume responsibility.
5. Any visit to a doctor, dentist, physical therapist or hospital must be reported to the Coach (Coach's injury form to be filled out)

Parental Permission and Authorization for Treatment

We hereby give our consent for _____ to represent his/her school in interscholastic athletics. If in the event of injury or accident either on route to the event, or on route back from the event, we give our consent for the school to obtain any and all medical care that is deemed reasonably necessary for the welfare of the student. We realize all efforts will be made to contact us if the above does occur. We further state that we have completed the form which requires us to list all previous injuries or conditions that are known to us and that the form completed is correct and true.

Name of Primary Medical Insurance _____

Policy Number _____ Expiration date _____

Parent or Guardian (Please Print) _____

Signature of Parent or Guardian _____

School Insurance _____ Yes _____ No _____ Date _____

PRINCIPALS' COMMITTEE ON ATHLETICS
GRADE 6 THROUGH 8

Acknowledgment, Authorization
And
Assumption of Risk Form

The undersigned, being an adult student athlete or parent/legal guardian of the undersigned minor prospective student athlete, hereby acknowledge that said student seeks to participate in a student sports program sponsored by the Principals' Committee on Athletics—Grade 6 through 8. The undersigned specifically assert that said student athlete will comply with the rules and regulations governing athletic participation of the Principals' Committee on Athletics—Grade 6 through 8, the undersigned hereby authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance record and disciplinary record of the undersigned student to Principals' Committee on Athletics—Grade 6 through 8 for the purpose of enforcing the rules and regulations of the athletic program; that they are aware that the athletic participation requires physical fitness; that the student possesses such fitness; and that some risk is involved in sports participation.

Now, therefore, pursuant to Rhode Island General Laws 7-6-9, as amended, the undersigned, in consideration of participation in a Principals' Committee on Athletics—Grades 6 through 8 sports program, herein grant to its officers, directors, trustees, agents (to include but not limited to the local School Committee or its parochial or private equivalent), servants and employees, a waiver of liability as regards to participation in the sports program sponsored by the Principals' Committee on Athletics—Grade 6 through 8. The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participation in any contest or exhibition of an athletic or sports matter sponsored by Principals' Committee on Athletics—Grades 6 through 8.

| | | | |
|-------------------------|---------------------|---------------|------------------------------------|
| _____ | | | _____ |
| School (Print) | | | Signature of Student |
| _____ | | | _____ |
| City or Town (Print) | | | Signature of Parent/Guardian |
| _____ | | | _____ |
| Name of Student (Print) | | | Date of Signature |
| _____ | _____ | _____ | _____ |
| Age of Student | Current Grade Level | Academic Year | Signature of Notary Public SEAL |

This form must be completed by all students intending to participate in any Principals' Committee on Athletics—Grade 6 through 8 sports. All minor students must sign and have a parent or legal guardian also sign. All forms are to be notarized and returned to the school principal. Failure to submit a duly executed form will cause the athlete to be declared ineligible. Only one form for each participant is necessary for the duration of one's eligibility in sports programs sponsored by the Principals' Committee on Athletics—Grade 6 through 8.

School Name & Address:

Health Care Provider Name and Address:

STATE OF RHODE ISLAND SCHOOL PHYSICAL FORM

Phone:

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last, First, Middle, Date of Birth, Sex, Address: Street, Apt #, City, State, Zip code, Home Phone

PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript). The requested information is in accordance with the State of Rhode Island Rules and Regulations for Immunization and Testing for Communicable Disease, School Health Programs, and Lead Poisoning Prevention. Website: www.rules.state.ri.us/rules

IMMUNIZATION table with rows for Hepatitis B, Diphtheria-Tetanus- Pertussis (DTP/DTaP), Pneumococcal Conjugate (PCV), Polio, Haemophilus Influenzae Type B (Hib), Measles-Mumps-Rubella (MMR), Varicella, Tetanus-Diphtheria (Td), and Meningococcal.

PHYSICAL EXAMINATION section including Date of PE, Height, Weight, BP, and questions about asthma, diabetes, allergies, and medication.

LEAD SCREENING (Required for children < 6 years of age only) section with a Yes/No question.

TUBERCULOSIS (if required by school district) section with a table for Date of TB test.

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____